

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**



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April 9, 2007

TO: Ravalli County Board of Commissioners
215 S 4th St Ste B
Hamilton MT 59840

FROM: Joan Bowsher, Director
Montana WIC Program

RE: WIC Regionalization

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APR 11 2007

Ravalli County Commissioners

On February 28 and March 1, 2007 a committee of local and state WIC staff met to discuss further Regionalization of the WIC Program. With participation not increasing and therefore Federal Funding for WIC in Montana not increasing, the WIC program needs to become as efficient as possible.

Attached are the notes from the meeting. After reviewing the notes you can see that the group made the following recommendations:

- A Local Regional Agency must have a supportive and stable administrative contracting entity.
- The Local Agency must be able to recruit and maintain qualified staff.
- Every Local Agency should submit a program plan with their yearly budget.
- Additional regionalization should take place.
- State Agency is willing to facilitate discussions with Local Agencies that need to join with other Local Agencies due to size.
- Encourage Local Agencies smaller than 250 to further regionalize by FY 2008; submit their plans to State Agency by July 15, 2007.
- Encourage further regionalization with funding formula for FY 2008.
- Local Agencies should review cost of individual sites they serve. Figures for cost of clinic and cost per participant should be used as a guide for program planning and clinic operations.
- Encourage additional regionalization before new computer system is rolled out.

After reviewing the results of the meeting and the recommendations with other WIC staff and our administrators, we are endorsing and encouraging Local Agencies to follow these recommendations.

As you review your participation numbers, your relative location to other Local Regional WIC Agencies and your local relationships I encourage you to pursue partnerships. If you are interested in participating in a larger area meeting of WIC Agencies and their Contracting Entities and would like our assistance in facilitating this please let me know.

The budget packet and funding information will be available and sent to the Local Agencies soon after April 15, 2007.

If you have any questions or concerns please contact me at 406-444-4747.

Attachment

cc JoAnn Dotson, Bureau Chief
Jane Smilie, Division Administrator

Regionalization Meeting Minutes – Billings
February 28 – March 1, 2007

Attendees:	Susan Tefre Dr. Doug Moore Maggie Petaja Dorothy Bradshaw Mary Pittaway Alana Long Jeanne Siefert (by phone)	Joan Bowsher Joyce Taranik Kim Mondy
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Introductions and statements of why we are together to discuss further Regionalization. Doug asked the question of what are the goals of the WIC program and regionalization. A discussion and a listing of the goals followed.

GOALS -

- Maximum Participation
- Best Access Possible (Access vs Increased Participation)
- Full use of benefits
- Retention
- Improved Outreach
- Standardization of Services
- Quality Services (tribal & non-tribal)
- Minimum Standards/Regional Federal Requirements (income/residency/id/nutritional risk/minimum nutrition contacts/referral/RD & CPA services available/ vendor education/ vendor visits)
- Smooth clinic flow (wait time);
- Add on services (services some Lead Agencies (LA) do and others don't; breast pumps; peer counseling; lead testing; classes);
- Customer Service
- Timely Appointments
- Maximize Funding (flat funding; look at expenditure reports; state contribution; coordination with other grants)
- Maximize Resources
- Targeted Training Materials/CBT
- LA Training
- Adequate local staff time
- Telehealth; telephone counseling; on-line learning;
- Resource Sharing
- Good system of sharing from LA to LA
- Investigate different contracting/subcontracting arrangements for services such as vendor education and monitoring

- New Computer System (list computer limitations which drive policy);
- Review staff roles-certifiers
- Quality Assurance Strategies
- Training – timely, consistent, centralized, competency testing
- State Standardized Nutrition and BF education

Suggestions/Discussion

Mary Pittaway and Dorothy Bradshaw – Requested asking Regional Office for federal requirements of possibility of not being required to perform hemoglobin checks.

Alana Long – Satellite clinic should be able to contact State Agency (SA) if problems w/Lead Agency (LA)

Mary Pittaway – survey on LA competency

Joan Bowsher – Correspondence with SC at contract time to see how services from LA are being provided and if changes need to be made.

Doug Moore – survey at contract negotiations (LA meet with SW and SW will be notified that it is contract time by LA; under SA, facilitate/mediate any contract disputes between LA/SW;

Dorothy Bradshaw – Statewide directory of what services are available at each WIC service site; RD services; how often are RD services provided; develop a MOA/MOU w/ other WIC service sites of services available which might be accessible to other WIC service sites;

Mary Pittaway – WIC list serve; TCC?

Capabilities of a LA: Standards

There needs to be a supportive and stable willingness of the administration/ commissioners of a county or agency to be a LA.

Mary Pittaway – be in compliance within their own program to be a lead. SA would make the determination. Meet a minimum standard (fed & state regs); and show that deficiencies are being worked on/plan to meet the gaps.

Jeannie Siefert – if a County is supporting w/\$'s or no infrastructure to support, this needs to be addressed before any decision is made. MCH \$'s used to support access to outlying clinics, now WIC \$'s are doing this and if WIC \$'s decrease, would need to go back to County to get funding.

Dorothy Bradshaw - need to watch County collaboration (politics)

Kim Mondy – beyond WIC to have their own structure be stable.

Joan Bowsher – ability to recruit and maintain staff

Jeannie Siefert – can only give awards to health depts. that are stable? Long term commitment.

Joan Bowsher – we can't make a preference in an RFP; certain services would have to be available and provided in order to be eligible.

Mary Pittaway – long term commitment – can we have Contracts for 5 years?

Joan Bowsher – willingness to provide enough staff.

Dorothy Bradshaw – adm guidelines on the infrastructure costs.

Joan Bowsher – ask for a yearly plan submitted with budget (i.e., will have 3 meetings, plan of coverage for missing staff) State office could design a form for all LAs to use, high lighting key points of plan

Size of Regions:

Should have at least 500 clients;

Dorothy Bradshaw – different region size for frontier and rural areas;

Mary Pittaway – flat funding possibly would flush out what a small LA might look like;

Mary Pittaway – we need visual tools to promote our WIC program (i.e., an average food package is worth \$52.00 per person, if 15% of 2,500 participants do not cash their FI's, a community is missing out on \$20,000 per month;

Dorothy Bradshaw – outreach/marketing;

Mary Pittaway – put these concepts on pie charts to use for educating Boards and commissioners;

Joan Bowsher – use success stories (pg mom; baby saved; etc)

Alana Long – include a marketing training at our annual meeting; (marketing professor)

Susan Tefre – this would be hard in eastern Montana due to large distances; telehealth would help;

The committee needs to make a recommendation of how Regionalization and funding of Local Agencies should procede:

Recommendations:

- A Local Regional Agency must have a supportive and stable administrative contracting entity.
- The Local Agency must be able to recruit and maintain qualified staff.
- Every Local Agency should submit a program plan with their yearly budget.
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